

CAMPAIGN EXPENSESReport Period **#3**

Kindred Healthcare, Inc. PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Anne Northup For Congress P.O. Box 7313 Louisville, KY 40257	J	10/28/2002	\$1,000.00
Kindred Healthcare KY PAC 680 South Fourth Avenue Louisville, KY 40202	J	12/16/2002	\$1,500.00

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CAMPAIGN EXPENSES**Report Period** # 3

Kindred Healthcare, Inc. PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
11/1/2002	\$50.00	

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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